

AMENDMENT TRANSMITTAL LETTER			DOCKET NUMBER: P-PM 3474	
SERIAL NO: 09/288,344	FILING DATE: April 8, 1999	EXAMINER: L. Crane	GROUP ART UNIT: 1623	
INVENTION: METHODS OF OPTIMIZING DRUG THERAPEUTIC EFFICACY FOR TREATMENT OF IMMUNE-MEDIATED GASTROINTESTINAL DISORDERS				

TO COMMISSIONER FOR PATENTS

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C., 20231 on July 2, 2001

By: Deborah L. Cadena
Deborah L. Cadena, Reg. No. 44,048

July 2, 2001
Date of Signature

Transmitted herewith is a Response to Office Action, responsive to the Office Action mailed January 2, 2001, in connection with the above-identified application.

- X Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.
- X Appendix A, attached to the Response to Office Action, is enclosed.
- X Declaration Pursuant to 37 C.F.R. § 1.132 with Exhibit A, attached as Exhibit 1 to the Response to Office Action, is enclosed.
- X Reference by Belaiche et al., Scand. J. Gastroenterol. 36:71-76 (2001), attached as Exhibit 2 to the Response to Office Action, is enclosed.
- X An Information Disclosure Statement with PTO Form 1449 and one reference is enclosed.
- X Petition for Three-Month Extension of Time is enclosed (in duplicate).
- X An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	57	-	39	-	18	x	\$9	\$18	=	\$162.00	\$
INDEPENDENT CLAIMS	8	-	6	-	2	x	\$40	\$80	=	\$80.00	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			YES		X NO		\$135	\$270	=	\$0.00	\$
							TOTAL ADDITIONAL FEE			\$242.00	\$

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

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- *** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

____ Please charge my Deposit Account No. 03-0370 the amount of \$_____. A duplicate copy of this sheet is enclosed.

X A check in the amount of \$687.00 is enclosed, \$445.00 of which covers the fee for a three-month extension of time and \$242.00 which covers the additional claims fee.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-0370. A duplicate copy of this sheet is enclosed.


X Any additional filing fees required under 37 C.F.R. 1.16.

X Any patent application processing fees under 37 C.F.R. 1.17.

X The Commissioner is hereby authorized to charge to Deposit Account No. 03-0370 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Date: July 2, 2001


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